

White Mountain Avalanche Education Fund Grant Application

Date of application: _____ Dollar amount requested (If currently unknown enter UKN and why) : \$ _____

Grant funds are being requested for (check one):

Scholarship for individual participation in a scheduled avalanche course.(6-12th graders attach essay)

Desired course and dates _____

Scholarship for a school system participation in an avalanche course.(Attach program benefit statement)

Desired course and dates _____

Funding to develop avalanche education material. (Attach concept paper and detailed budget proposal)

Personal/Organization Information

Name of individual/organization:		
Address:		
City, State, Zip:		
Employer Identification Number (EIN) if applicable:		
Phone:	Fax:	Web site:
Contact person regarding this application:		
Title:	Phone:	E-mail:

Organization/School Information if applicable

Is your organization an IRS 501(c)(3) not-for-profit school? _____ Yes _____ No
Is your organization a private for profit school? _____ Yes _____ No
If no, is your organization a public funded school? _____ Yes _____ No

Development of avalanche education material proposal information if applicable

Please give a 2-3 sentence summary abstract of concept paper:
Population served (who and how many):

Submit to:

**US Forest Service-Androscoggin Ranger District
c/o Snow Rangers-White Mountain Avalanche Education Fund
300 Glen Road
Gorham NH 03581
(603-466-2713)**